

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

64

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Susan

L.

NICKNAME

LAST

SUFFIX

Pamerleau

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

230 Dwyer Avenue, Unit # 1102

San Antonio, TX 78204

☐ change of address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 566-8920

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Wade

B.

NICKNAME

LAST

SUFFIX

Shelton

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

600 Navarro, Suite 500

San Antonio, TX 78205

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 581-5577

9 REPORT TYPE



January 15



30th day before election



Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07/01/2011

THROUGH

Month

Day

Year

12/31/2011

11 ELECTION

Month

Day

Year

4/3/2012

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Bexar County Sheriff

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALSDIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL.
CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Susan Pamerleau

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 48,292.⁴⁷/_{xx}EXPENDITURE
TOTALS3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 74,752.³¹/_{xx}CONTRIBUTION
BALANCE

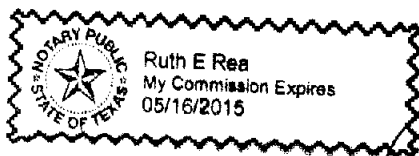
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 23,540.¹⁶/_{xx}OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 50,000.⁰⁰/_{xx}

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan L Pamerleau, this the 12 day of January, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/7/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WAYNE ALEXANDER	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2 LOST TIMBERS SAN ANTONIO, TX 78248-1661		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-7-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES D. GOUDGE	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 CLAIBORNE WAY SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARK & ROBIN HOWARD	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20 ELMCOURT ST. SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-11-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GEORGE H. SPENCER, JR.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 211 TERRELL ROAD SAN ANTONIO, TX 78209-5915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-12-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KEITON MORGAN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 333 BURR ROAD SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-12-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

DAN BROUILLETTE

6 Contributor address; City; State; Zip Code

111 ROCK SQUIRREL
SAN ANTONIO, TX 78231-1435

7 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-13-11

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD WADE

Contributor address; City; State; Zip Code

12950 COUNTRY PARKWAY, STE. 100
SAN ANTONIO, TX 78216

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18-11

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT CLEMONS

Contributor address; City; State; Zip Code

LA CASCAADA CONDOMINIUMS
SAN ANTONIO, TX 78204

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18-11

Full name of contributor

☐ out-of-state PAC (ID#)

KAREN EMBREE

Contributor address; City; State; Zip Code

107 REDWOOD
SAN ANTONIO, TX 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18-11

Full name of contributor

☐ out-of-state PAC (ID#)

BOB ULIN

Contributor address; City; State; Zip Code

131 MEADOW DRIVE
LANING, KS 66043

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-21-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DON BEELER	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 145 CAMELLIA WAY SAN ANTONIO, TX 78209-2138		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WILLIAM B. BRIGGS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13676 ARMSTEAD DRIVE ST. LOUIS, MO 63131		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BUTCH & KAY GERFERS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2514 WILDERNESS HILL SAN ANTONIO, TX 78231		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PAUL MARTIN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3519 STONEHAVEN ROAD SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-26-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CHARLES SARGENT	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 462 RETAMA DRIVE SAN ANTONIO, TX 78240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-27-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

JEFF SMITH

6 Contributor address; City; State; Zip Code

230 DWYER AVE., UNIT 704
SAN ANTONIO, TX 78204-1030

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-27-11

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN R. RUSSELL

Contributor address; City; State; Zip Code

230 Dwyer Ave, # 201
SAN ANTONIO, TX 78204

Amount of contribution (\$)

\$10,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-1-11

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM & BROOK CAREY

Contributor address; City; State; Zip Code

440 MIMOSA WAY DRIVE
SAN ANTONIO, TX 78240

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-10-11

Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES E. CHEEVER, JR.

Contributor address; City; State; Zip Code

604 RIDGEMONT
SAN ANTONIO, TX 78209

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-10-11

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN A. WORTHINGTON

Contributor address; City; State; Zip Code

239 ROSEHEART
SAN ANTONIO, TX 78259

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-10-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DIANA DENMAN	7 Amount of contribution (\$) \$125.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 6009 SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-19-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) USAA EMPLOYEE PAC	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9800 FREDRICKSBURG ROAD SAN ANTONIO, TX 78288-0453		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ED & MARTI GISTARO	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2 HENLY LANE SAN ANTONIO, TX 78257		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-14-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEPHEN E. POWER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9715 BOERNE HAZE BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-14-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ARTHUR J. DOWNEY, JR.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 730 ARCH STONE SAN ANTONIO, TX 78258		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-8-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

ELIZABETH BARNES

6 Contributor address; City; State; Zip Code

130 GATEWOOD
SAN ANTONIO, TX 78209

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-8-11

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID WEST

Contributor address; City; State; Zip Code

108 SHERATON DR.
SAN ANTONIO, TX 78209

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-8-11

Full name of contributor

☐ out-of-state PAC (ID#)

NELLIE RILEY

Contributor address; City; State; Zip Code

26634 FORREST LINK
NEW BRAUNFELS, TX 78132

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-1-11

Full name of contributor

☐ out-of-state PAC (ID#)

GPM PAC

Contributor address; City; State; Zip Code

P.O. BOX 659567
SAN ANTONIO, TX 78265

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-8-11

Full name of contributor

☐ out-of-state PAC (ID#)

LOIS WHITE

Contributor address; City; State; Zip Code

1302 DAWSON ST.
SAN ANTONIO, TX 78202-2425

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-10-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

JIM CALLAWAY

6 Contributor address; City; State; Zip Code

330 WESTOVER RD.
SAN ANTONIO, TX 782097 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-10-11

Full name of contributor

☐ out-of-state PAC (ID#)

ANNE & PAUL SMITH

Contributor address; City; State; Zip Code

435 RIDGEMONT AVE.
SAN ANTONIO, TX 78209Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-10-11

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES WRIGHT

Contributor address; City; State; Zip Code

7400 CRESTWAY DRIVE
SAN ANTONIO, TX 78239Amount of
contribution (\$)

\$10.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-10-11

Full name of contributor

☐ out-of-state PAC (ID#)

JIM & KATIE REED

Contributor address; City; State; Zip Code

7317 ASHTON PLACE
SAN ANTONIO, TX 78229Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-12-11

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT JAMES

Contributor address; City; State; Zip Code

3418 RIVER PATH
SAN ANTONIO, TX 78230Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-12-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ED WHITACRE	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 155 BUSHNELL AVE. SAN ANTONIO, TX 78212		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-12-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SALLY MOREHOUSE	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 312 PEARL PKWY, SUITE 220 SAN ANTONIO, TX 78215-1293		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-12-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES CHITTIM	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10045 JOHNS ROAD BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-12-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRUCE V. LEWELLYN	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5000 FAWN MEADOWS, APT. 335 SAN ANTONIO, TX 78240-1538		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-12-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALAN SCHOOLCRAFT	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1922 VIA VINETA SAN ANTONIO, TX 78258		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

20

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-12-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

DAVE WOMACK

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
8452 FREDRICKSBURG ROAD
SAN ANTONIO, TX 78229

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-14-11

Full name of contributor

☐ out-of-state PAC (ID#)

DON BEELER

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
145 CAMELLIA WAY
SAN ANTONIO, TX 78209-2138

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-11

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN MURRAY

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7400 CRESTWAY, APT. 1211
SAN ANTONIO, TX 78239

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-11

Full name of contributor

☐ out-of-state PAC (ID#)

WESLEY BECKEN

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
102 SUNRISE CANYON DRIVE
UNIVERSAL CITY, TX 78148

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-11

Full name of contributor

☐ out-of-state PAC (ID#)

PAT BOONE

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. BOX 461366
SAN ANTONIO, TX 78246-1366

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-15-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

CHRIS & RICHARD COONS

6 Contributor address: City: State: Zip Code

15667 ROBIN RIDGE
SAN ANTONIO, TX

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-15-11

Full name of contributor

☐ out-of-state PAC (ID#)

JEFF SMITH

Contributor address: City: State: Zip Code

230 DWYER AVE., UNIT 704
SAN ANTONIO, TX 78204-1030

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-15-11

Full name of contributor

☐ out-of-state PAC (ID#)

BOXY HORNBERGER

Contributor address: City: State: Zip Code

805 COLLEGE BLVD.
SAN ANTONIO, TX 78209

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-15-11

Full name of contributor

☐ out-of-state PAC (ID#)

KELLY DIXON

Contributor address: City: State: Zip Code

5100 JOHN D. RYAN BLVD. APT. 725
SAN ANTONIO, TX 78245-3553

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-15-11

Full name of contributor

☐ out-of-state PAC (ID#)

ED & NANCY LEE KELLEY

Contributor address: City: State: Zip Code

2 MALLORY LANE
SAN ANTONIO, TX 78257

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-15-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WILBUR MATTHEWS	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9121 E. VALLEY VIEW LANE SAN ANTONIO, TX 78217		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ALICE GANNON	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6423 Long House Court SAN ANTONIO, TX 78238		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JACK & SHERRI DUGAS	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16426 HORNET CREEK DRIVE SAN ANTONIO, TX 78247-4430		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BARBARIA & MICHAEL GENTRY	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 104 HILER ROAD SAN ANTONIO, TX 78209-2731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEPHEN M. DUFILHO	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3218 SEVEN OAKS DRIVE SAN ANTONIO, TX 78217		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-15-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

PATRICK SWEARINGEN, JR.

6 Contributor address; City; State; Zip Code

310 ARGYLE
SAN ANTONIO, TX 782097 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-16-11

Full name of contributor

☐ out-of-state PAC (ID#)

JERRY MARSHALL

Contributor address; City; State; Zip Code

4110 MOUNT LAUREL DR.
SAN ANTONIO, TX 78240Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-16-11

Full name of contributor

☐ out-of-state PAC (ID#)

LT GEN. JIM & BARBARA KECK

Contributor address; City; State; Zip Code

5100 JOHN D. RYAN BLVD., APT. 424
SAN ANTONIO, TX 78245Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-16-11

Full name of contributor

☐ out-of-state PAC (ID#)

CAL & BARBARA BANKER

Contributor address; City; State; Zip Code

230 GEDDINGTON
SAN ANTONIO, TX 78249Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-16-11

Full name of contributor

☐ out-of-state PAC (ID#)

BOB JENNINGS

Contributor address; City; State; Zip Code

13518 SENDRA CT
SAN ANTONIO, TX 78245Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-16-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

DON & MICKI PHILBIN

6 Contributor address; City; State; Zip Code

208 LOTHER DRIVE
SAN ANTONIO, TX 78212

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-17-11

Full name of contributor

☐ out-of-state PAC (ID#)

ALICE N. MONTGOMERY

Contributor address; City; State; Zip Code

4006 MOONLIGHT WAY
KNOXVILLE, TN 37917

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-17-11

Full name of contributor

☐ out-of-state PAC (ID#)

JUNE DEASON

Contributor address; City; State; Zip Code

4127 STATHMORE
SAN ANTONIO, TX 78217

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-17-11

Full name of contributor

☐ out-of-state PAC (ID#)

GERALD & SUZANNE LETCH

Contributor address; City; State; Zip Code

700 E. HILDEBRAND AVE. #401
SAN ANTONIO, TX 78212

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-17-11

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES W. GORMAN

Contributor address; City; State; Zip Code

7373 BROADWAY, SUITE 508
SAN ANTONIO, TX 78209

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

20

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-17-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

CAROLE CLARK

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
142 WOODLAND RANCH ROAD
BOERNE, TX 78015

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-18-11

Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE C. HIXON

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

315 E. Commerce St. #300
SAN ANTONIO, TX 78205

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-18-11

Full name of contributor

☐ out-of-state PAC (ID#)

JIM & BARBARA RAMSEY

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2943 KINGSFORD LANE
SAN ANTONIO, TX 78259-1602

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-18-11

Full name of contributor

☐ out-of-state PAC (ID#)

MARY & DON WOFFORD

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

28410 WOODBRIDGE
BOERNE, TX 78015

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-22-11

Full name of contributor

☐ out-of-state PAC (ID#)

GENE AMES

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

19240 REDLAND ROAD
SAN ANTONIO, TX 78259

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-22-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAVIDSON & TROILLO, PC	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7550 W. IH-10, STE 800 SAN ANTONIO, TX 78229		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-22-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARIOLA SMITH	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 457 RETAMA WAY DRIVE SAN ANTONIO, TX 78240-1533		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-22-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PETER J. HENNESSEY, JR.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 135 IVY LANE SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BEVERLY MENTZER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 75 WINDSAIL PLACE SPRING, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BRENDA VICKREY & JERRY JOHNSON	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12940 COUNTRY PARKWAY SAN ANTONIO, TX 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

20

2 FILER NAME **SUSAN PAMERLEAU**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-23-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

MONIKA & JERRY CZERWINSKI

6 Contributor address: City: State: Zip Code

**230 DWYER, UNIT 101
SAN ANTONIO, TX 78204**

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-25-11

Full name of contributor

☐ out-of-state PAC (ID#)

JOE & CAROLE JOHNSON

Contributor address: City: State: Zip Code

**8741 PHOENIX AVENUE
UNIVERSAL CITY, TX 78148**

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-25-11

Full name of contributor

☐ out-of-state PAC (ID#)

CARROLL & PATRICIA CHAMBERS

Contributor address: City: State: Zip Code

**230 DWYER AVE, #1101
SAN ANTONIO, TX 78204**

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-26-11

Full name of contributor

☐ out-of-state PAC (ID#)

BERNARD T. (BUDDY) & KATHY SWIFT

Contributor address: City: State: Zip Code

**101 WINDING WAY
SAN ANTONIO, TX 78232**

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-28-11

Full name of contributor

☐ out-of-state PAC (ID#)

FRANCES J. HEARN

Contributor address: City: State: Zip Code

**512 RIDGEMONT AVE.
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-28-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID & JERRON ADAMS	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3938 MORGANS CREEK SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-29-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID M. PRICHARD	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 43 GRANBURG CIRCLE SAN ANTONIO, TX 78218		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-29-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE MCKINNEY	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6110 YORKSHIRE DRIVE SPRING BRANCH, TX 78070		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-29-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICK ZEHRER	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20 TIBURON DRIVE AUSTIN, TX 78738		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-29-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIM DANIELL	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 601 TERRELL ROAD SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-29-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID M. PLAYER, MD	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13409 GEORGE ROAD SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-30-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HOUSTON HARTE	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 17424 SAN ANTONIO, TX 78217		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-30-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HARRIET MARION HELME	Amount of contribution (\$) \$ 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 HORIZON CREST BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-30-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANGIE HALE	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11519 VIRIDIAN PLACE HEBES, TX 78023		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-30-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRED PEEIFFER	Amount of contribution (\$) \$ 75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 213 WASHINGTON SAN ANTONIO, TX 78204		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-30-11

5 Full name of contributor ☐ out-of-state PAC (ID#)

MARK & LORI WRIGHT

6 Contributor address; City; State; Zip Code

26 STRATTON LANE
SAN ANTONIO, TX 782577 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-1-11

Full name of contributor ☐ out-of-state PAC (ID#)

RICHARD & KATHLEEN HOLT

Contributor address; City; State; Zip Code

421 PATTERSON AVE.
SAN ANTONIO, TX 78209Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-1-11

Full name of contributor ☐ out-of-state PAC (ID#)

JOHN & ELAINE EHLERS

Contributor address; City; State; Zip Code

1403 GRAYSTONE RIDGE
SAN ANTONIO, TX 78258Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-2-11

Full name of contributor ☐ out-of-state PAC (ID#)

PETER J. HENNESSEY, JR.

Contributor address; City; State; Zip Code

135 IVY LANE
SAN ANTONIO, TX 78209Amount of
contribution (\$)

\$900.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-2-11

Full name of contributor ☐ out-of-state PAC (ID#)

BILL & CHRIS MCCARTNEY

Contributor address; City; State; Zip Code

109 SEQUOIA DRIVE
SAN ANTONIO, TX 78232Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-3-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

THAD ZIEGLER

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. BOX 8298
SAN ANTONIO, TX 78208-0298

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-6-11

Full name of contributor

☐ out-of-state PAC (ID#)

JIM LUNZ

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

221 OGDEN LANE
SAN ANTONIO, TX 78209-5136

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-11

Full name of contributor

☐ out-of-state PAC (ID#)

TED & SUZANNE TERRY

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

122 CANTERBURY HILL ST.
SAN ANTONIO, TX 78209

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-11

Full name of contributor

☐ out-of-state PAC (ID#)

JUDITH RODRIGUEZ

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

351 E. TERRA ALTA
SAN ANTONIO, TX 78209

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-11

Full name of contributor

☐ out-of-state PAC (ID#)

GARY COPSEY

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

29602 FAIRWAY BLUFF DRIVE
FAIR OAKS RANCH, TX 78015

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-6-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

DEBORAH BAUER

6 Contributor address; City; State; Zip Code

2 CHAMPIONS MARK
SAN ANTONIO, TX 78258

7 Amount of contribution (\$)

\$ 75.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-6-11

Full name of contributor

☐ out-of-state PAC (ID#)

LINDA ELLIOTT

Contributor address; City; State; Zip Code

P.O. BOX 461186
SAN ANTONIO, TX 78246-1186

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-11

Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE & CAROLYN VAUGHN

Contributor address; City; State; Zip Code

26442 WALDEN OAK
SAN ANTONIO, TX 78260

Amount of contribution (\$)

\$ 125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-11

Full name of contributor

☐ out-of-state PAC (ID#)

TRACY H. HOLMES, DDS

Contributor address; City; State; Zip Code

2202 UNIVERSAL CITY BLVD.
UNIVERSAL CITY, TX 78148

Amount of contribution (\$)

\$ 125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-11

Full name of contributor

☐ out-of-state PAC (ID#)

DIDI & AIAN WEINBLATT

Contributor address; City; State; Zip Code

1819 ELMSCOURT
SAN ANTONIO, TX 78230-2768

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-6-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HENRY REYES	7 Amount of contribution (\$) \$ 75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10315 MANOR CREEK SAN ANTONIO, TX 78245		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-6-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAWN JOHNSON	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 27 THREE LAKE DRIVE SAN ANTONIO, TX 78248-1022		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-6-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PADGETT-STRATEMANN & CO. (PSCO) PAC	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 NE LOOP 410, SUITE 1100 SAN ANTONIO, TX 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-6-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DONN & ROBIN GREINER	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4526 BLACK OAK WOODS SAN ANTONIO, TX 78249-1455		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-6-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DANIEL DELAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18709 BROOKWOOD FOREST SAN ANTONIO, TX 78238		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-14-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL & MICHELLE PESSES

6 Contributor address; City; State; Zip Code

2607 OLD GATE ROAD
SAN ANTONIO, TX 78230

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-16-11

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT BARNES

Contributor address; City; State; Zip Code

17127 EAGLE HOLLOW
SAN ANTONIO, TX 78248

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-18-11

Full name of contributor

☐ out-of-state PAC (ID#)

B.R. & RUTH TRIMMIER

Contributor address; City; State; Zip Code

14663 CADILLAC DRIVE
SAN ANTONIO, TX 78248

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-21-11

Full name of contributor

☐ out-of-state PAC (ID#)

JEFFREY DODSON

Contributor address; City; State; Zip Code

6001 LITTLE BULL COVE
AUSTIN, TX 78731

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-22-11

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Stovall

Contributor address; City; State; Zip Code

510 Prinz Drive
SAN ANTONIO, TX 78213

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-22-11

5 Full name of contributor

☐ out-of-state PAC (ID#)

KEN & MARLENE BAILLES

6 Contributor address; City; State; Zip Code

1603 WOLF CREST
SAN ANTONIO, TX 78248-13327 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-30-11

Full name of contributor

☐ out-of-state PAC (ID#)

CAROLYN H. RANKIN

Contributor address; City; State; Zip Code

141 E. HOLLYWOOD AVE.
SAN ANTONIO, TX 78212Amount of
contribution (\$)

\$5.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-30-11

Full name of contributor

☐ out-of-state PAC (ID#)

HEATHER DUNCAN WEBB

Contributor address; City; State; Zip Code

714 TOXEDO AVE.
SAN ANTONIO, TX 78209Amount of
contribution (\$)

\$5.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-30-11

Full name of contributor

☐ out-of-state PAC (ID#)

Philip L. Ricks II

Contributor address; City; State; Zip Code

1139 BLUFF FOREST
SAN ANTONIO, TX 78248Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-30-11

Full name of contributor

☐ out-of-state PAC (ID#)

MO MOREHEAD

Contributor address; City; State; Zip Code

122 OAKLEAF
SAN ANTONIO, TX 78209Amount of
contribution (\$)

\$5.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-30-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GEOFFREY TAHUAHUA	7 Amount of contribution (\$) \$5.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-30-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KATHLEEN LOVELAND	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 27038 AUTUMN SPRING BOERNE, TX 78006-5215		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

28

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12-16-11

GARY CARPENTER

\$500.00

IT SERVICES

6 Contributor address: City: State: Zip Code

4219 FAMILY TREE #104
SAN ANTONIO, TX 78222

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12-14-11

JOYCE WILLIAMS

\$50.00

FOOD &
BEVERAGE

Contributor address: City: State: Zip Code

12107 TOEPFERWEIN, RD
SAN ANTONIO, TX 78233

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12-20-11

JOHN HANCOCK

\$1000.00

T-SHIRTS

Contributor address: City: State: Zip Code

7016 HWY 90 WEST
SAN ANTONIO, TX 78227

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-27-11

REPUBLICAN PARTY OF BEXAR COUNTY

\$222.47

PETITION SIGN-
ING PARTY
EXPENSES

Contributor address: City: State: Zip Code

900 NE LOOP 410, Ste D-105
SAN ANTONIO, TX 78209

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12-7-11

ANDY ORTEGA

\$4000.00

FURNITURE

Contributor address: City: State: Zip Code

135 W. RHAPSODY
SAN ANTONIO, TX 78214

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-10-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIM JERNIGAN-GROUNDS	7 Amount of contribution (\$) \$480.00	8 In-kind contribution description (if applicable) OFFICE CLEANING
6 Contributor address; City; State; Zip Code 1711 SPRINGWOOD DR. SPRING BRANCH, TX 78070		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-1-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RENE BENJAMIN	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) REFRIGERATOR RENTAL
Contributor address; City; State; Zip Code 2650 THOUSAND OAKS SAN ANTONIO, TX 78232		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-7-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE BAYSINGER	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) TABLE RENTAL
Contributor address; City; State; Zip Code 26902 SPARROW RIDGE SAN ANTONIO, TX 78261		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID HOLMES	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) TWO TABLES
Contributor address; City; State; Zip Code 19239 REATA TRAIL SAN ANTONIO, TX 78258		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL HOLLEMAN	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) 4-FOLDING CHAIRS
Contributor address; City; State; Zip Code 415 DESOTO DRIVE UNIVERSAL CITY, TX 78148		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 28	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-15-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHIRLEY COOPER	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) 4 - FOLDING CHAIRS
6 Contributor address; City; State; Zip Code 218 WYNDALE SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-19-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAN KOEHNE	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) 2 - FOLDING CHAIRS
Contributor address; City; State; Zip Code 2485 Hwy 46 N. SEGUIN, TX 78155		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	
Contributor address; City; State; Zip Code		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	
Contributor address; City; State; Zip Code		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	
Contributor address; City; State; Zip Code		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: *1*

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ *50,000*

5 Date of loan

8-24-11

7 Name of lender

TRUCE LEWELLYN☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$ *30,000*6 Is lender
a financial
institution?Y ☒ N

8 Lender address; City; State; Zip Code

*5000 FAUN MEADOW APT. 335
SAN ANTONIO, TX 78240*

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none15 GUARANTOR
INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

11-15-11

Name of lender

SUSAN PAMERLEAU☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

\$ *20,000*Is lender
a financial
institution?Y ☒ N

Lender address; City; State; Zip Code

*230 DWYER AVENUE, UNIT # 1102
SAN ANTONIO, TX 78204*

Interest rate

0

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/11 Amount (\$) \$59.47	5 Payee name CONSTANT CONTACT	
	7 Payee address; City; State; Zip Code 1607 TRAPELO ROAD WALTHAM, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) E-MAIL MARKETING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-24-11	Payee name HARLAND CLARKE	
Amount (\$) \$6.01	Payee address; City; State; Zip Code 10931 LAUREATE DR. SAN ANTONIO, TX 78249	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description (If travel outside of Texas, complete Schedule T) CHECKS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-24-11	Payee name ELECTION SUPPORT SERVICES	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 314 E. HOUSTON ST., SUITE 201 SAN ANTONIO, TX 78204	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, SEPT. 2011
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-24-11	Payee name FRANK GUERRA	
Amount (\$) \$2000.00	Payee address; City; State; Zip Code 122 E. HOUSTON STREET SAN ANTONIO, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, SEPT. 2011
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-24-11	5 Payee name MOREHEAD, DOTT, RYBAK	
6 Amount (\$) \$2000.00	7 Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) POLITICAL ADVERTISING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10-1-11	Payee name MOREHEAD, DOTT, RYBAK	
Amount (\$) \$2000.00	Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) POLITICAL ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10-1-11	Payee name ELECTION SUPPORT SERVICES	
Amount (\$) \$3000.00	Payee address; City; State; Zip Code 314 E. HOUSTON ST., SUITE 201 SAN ANTONIO, TX 78204	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, OCT. 2011
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10-1-11	Payee name FRANK COVARRIA	
Amount (\$) \$2000.00	Payee address; City; State; Zip Code 122 E. HOUSTON STREET SAN ANTONIO, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, OCT. 2011
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-1-11		5 Payee name MOREHEAD, DOTTS, RYBAK			
6 Amount (\$) \$558.11		7 Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) DOMAIN NAMES & WEBSITE HOSTING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-4-11		Payee name BEXAR COUNTY REPUBLICAN WOMEN (BCRW - PAC)			
Amount (\$) \$120.00		Payee address; City; State; Zip Code 900 NE LOOP 410, STE D-105 SAN ANTONIO, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MANAGEMENT SCHOOL PAMERLEAU & TATE/AMU4	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-12-11		Payee name Pirix			
Amount (\$) \$22.50		Payee address; City; State; Zip Code 144 2nd ST., 1st Floor SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-12-11		Payee name Pirix			
Amount (\$) \$4.50		Payee address; City; State; Zip Code 144 2nd ST., 1st Floor SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-18-11	5 Payee name PIRYX
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6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 144 2ND ST., 1ST FLOOR SAN FRANCISCO, CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-18-11	Payee name PIRYX
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 144 2ND ST., 1ST FLOOR SAN FRANCISCO, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-18-11	Payee name PIRYX
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 144 2ND ST., 1ST FLOOR SAN FRANCISCO, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-22-11	Payee name VIDEO OF SAN ANTONIO
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Amount (\$) \$70.99	Payee address; City; State; Zip Code 6836 SAN PEDRO, STE. 108 SAN ANTONIO, TX 78216
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description (If travel outside of Texas, complete Schedule T) Video clips
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-21-11		5 Payee name REPUBLICAN PARTY OF BEXAR COUNTY			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 900 NE LOOP 410, SUITE D-105 SAN ANTONIO, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) PETITION SIGNING PARTY	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-21-11		Payee name PIRYX			
Amount (\$) \$4.50		Payee address; City; State; Zip Code 144 2ND ST., 1ST FLOOR SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-23-11		Payee name CONSTANT CONTACT			
Amount (\$) \$37.84		Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM, MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) E-MAIL MARKETING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-23-11		Payee name PIRYX			
Amount (\$) \$4.50		Payee address; City; State; Zip Code 144 2ND ST., 1ST FLOOR SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **21** 2 FILER NAME **SUSAN L. PAMERLEAU** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **10-26-11** 5 Payee name **POINT 1 PRODUCTIONS, LLC**

6 Amount (\$) **\$500.00** 7 Payee address: City: State: Zip Code
**146 MINK
SAN ANTONIO, TX 78213**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **ADVERTISING** (b) Description (If travel outside of Texas, complete Schedule T) **MEDIA**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **10-26-11** Payee name **PIRYX**

Amount (\$) **\$4.50** Payee address: City: State: Zip Code
**144 2ND ST., 1ST FLOOR
SAN FRANCISCO, CA 94105**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **FEES** Description (If travel outside of Texas, complete Schedule T) **TRANSACTION FEE**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **10-27-11** Payee name **PIRYX**

Amount (\$) **\$22.50** Payee address: City: State: Zip Code
**144 2ND ST., 1ST FLOOR
SAN FRANCISCO, CA 94105**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **FEES** Description (If travel outside of Texas, complete Schedule T) **TRANSACTION FEE**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11-1-11** Payee name **MOREHEAD, DOTTS & RYBAK**

Amount (\$) **\$75.00** Payee address: City: State: Zip Code
**122 OAKLEAF
SAN ANTONIO, TX 78209**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **ADVERTISING EXPENSE** Description (If travel outside of Texas, complete Schedule T) **BANNER (60X44")**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-1-11		5 Payee name SAINTIKOS EMBASSY SHOPPING CENTER, LTD			
6 Amount (\$) \$500.00		7 Payee address: City: State: Zip Code 18402 U.S. Hwy 281, Suite 229 SAN ANTONIO, TX 78259			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES		(b) Description (If travel outside of Texas, complete Schedule T) Campaign HQ License Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-1-11		Payee name HARLAND CLARKE			
Amount (\$) \$6.01		Payee address: City: State: Zip Code 10931 LAUREATE DR. SAN ANTONIO, TX 78249			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) CHECKS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-1-11		Payee name MOREHEAD, DOTTS, RYBAK			
Amount (\$) \$2000.00		Payee address: City: State: Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) NOV. CONTRACT SERVICES 2011	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-1-11		Payee name ELECTION SUPPORT SERVICES			
Amount (\$) \$3000.00		Payee address: City: State: Zip Code 314 E. HOUSTON ST., Suite 201 SAN ANTONIO, TX 78204			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING SERVICES		Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, NOV. 2011	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-1-11	5 Payee name FRANK GUERRA
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6 Amount (\$) \$2000.00	7 Payee address; City; State; Zip Code 122 E. HOUSTON ST. SAN ANTONIO, TX 78205
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, NOV. 2011
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-1-11	Payee name MOREHEAD, DOTTS, RYBAK
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Amount (\$) \$206.48	Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSES	Description (If travel outside of Texas, complete Schedule T) SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-1-11	Payee name MOREHEAD, DOTTS, RYBAK
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Amount (\$) \$56.43	Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) DELIVERIES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-1-11	Payee name MOREHEAD, DOTTS, RYBAK
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Amount (\$) \$269.43	Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) LABELS, "SUSAN FOR SHERIFF"
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-1-11	5 Payee name MOREHEAD, DOTTS, RYBAK
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6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CREATIVE & DESIGN
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-1-11	Payee name MOREHEAD, DOTTS, RYBAK
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Amount (\$) \$77.80	Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-1-11	Payee name MOREHEAD, DOTTS, RYBAK
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Amount (\$) \$247.06	Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-1-11	Payee name MOREHEAD, DOTTS, RYBAK
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CREATIVE & DESIGN
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN L. PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-1-11		5 Payee name MOREHEAD, DOTTS, RYBAK			
6 Amount (\$) \$411.77		7 Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) PUSHCARDS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-1-11		Payee name MOREHEAD, DOTTS, RYBAK			
Amount (\$) \$94.12		Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PUSHCARDS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-1-11		Payee name MOREHEAD, DOTTS, RYBAK			
Amount (\$) \$117.36		Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) WEBSITE FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-1-11		Payee name MOREHEAD, DOTTS, RYBAK			
Amount (\$) \$461.89		Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) SALES TAX	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN L. PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-1-11		5 Payee name MOREHEAD, DOTT, RYBAK			
6 Amount (\$) \$1,500.00		7 Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE, BUILD	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-8-11		Payee name GEOFFREY TAHUAHUA PARTY CITY			
Amount (\$) \$17.52		Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248 13419 San Pedro San Antonio, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) Balloons -	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-8-11		Payee name GEOFFREY TAHUAHUA OFFICE DEPOT			
Amount (\$) \$10.68		Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248 321 NW Loop 410, Ste 101 San Antonio, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) CLIPBOARDS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-8-11		Payee name GEOFFREY TAHUAHUA DIXIE FLAG			
Amount (\$) \$45.30		Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248 1930 N. PANAM Expressway San Antonio, TX 78208			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) Flag mast REPLACEMENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN L. PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-8-11		5 Payee name GEOFFREY TAHUAHUA MONARCH TROPHY STUDIO			
6 Amount (\$) \$25.98		7 Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248 16227 San Pedro San Antonio, TX 78232			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) NAMEBADGES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-8-11		Payee name GEOFFREY TAHUAHUA HOBBY LOBBY			
Amount (\$) \$2.15		Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248 286 W. Bitters Rd San Antonio, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) TABLECLOTH	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-12-11		Payee name PIRX			
Amount (\$) \$4.50		Payee address; City; State; Zip Code 144 2ND ST., 1ST. FLOOR SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-15-11		Payee name CITY OF SAN ANTONIO ALARMS OFFICE			
Amount (\$) \$100.00		Payee address; City; State; Zip Code P.O. BOX 839948 SAN ANTONIO, TX 78283-3948			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) ALARM PERMIT FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-15-11		5 Payee name Philip L. Ricks II			
6 Amount (\$) \$4000.00		7 Payee address; City; State; Zip Code 1139 BLUFF FOREST SAN ANTONIO, TX 78248			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR		(b) Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, NOV. 2011	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-15-11		Payee name SECURITY ONE, INC.			
Amount (\$) \$132.07		Payee address; City; State; Zip Code 716 WEST BYRD BLVD UNIVERSAL CITY, TX 78148			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) INSTALLATION + MONITOR FEE CAMPAIGN HEAD QUARTERS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-15-11		Payee name ALTEX COMPUTERS & ELECTRONICS			
Amount (\$) \$127.63		Payee address; City; State; Zip Code 14215 SAN PEDRO HILL COUNTRY VILLAGE, TX 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSES		Description (If travel outside of Texas, complete Schedule T) ROUTER & COMPUTER ITEMS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-16-11		Payee name PIRYX			
Amount (\$) \$4.50		Payee address; City; State; Zip Code 144 2ND ST, 1ST FLOOR SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-23-11	5 Payee name CONSTANT CONTACT	
6 Amount (\$) \$37.84	7 Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) E-MAIL MARKETING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-1-11	Payee name GEOFFREY TAHUAHUA	ST MARY'S UNIV. ACADEMIC MEDIA CENTER
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248	ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78223
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description (If travel outside of Texas, complete Schedule T) BEXAR COUNTY MAP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-1-11	Payee name SANTIKOS EMBASSY SHOPPING CENTER, LTD	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 18402 U.S. HWY 281, SUITE 229 SAN ANTONIO, TX 78259	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN HQ - LICENSE FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-1-11	Payee name MOREHEAD, DOTTS, RYBAK	
Amount (\$) \$2000.00	Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, DEC. 2011
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-1-11		5 Payee name ELECTION SUPPORT SERVICES			
6 Amount (\$) \$3000.00		7 Payee address; City; State; Zip Code 314 E. HOUSTON ST., SUITE 201 SAN ANTONIO, TX 78204			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, DEC 2011	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-1-11		Payee name FRANK GUERRA			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 122 E. HOUSTON ST. SAN ANTONIO, TX 78205			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-2-11		Payee name PIVIX			
Amount (\$) \$22.50		Payee address; City; State; Zip Code 144 2ND ST., 1ST FLOOR SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-7-11		Payee name REDDITO ART FURNITURE			
Amount (\$) \$1,250.00		Payee address; City; State; Zip Code ANDY ORTEGA 135 W. RHAPSODY, SAN ANTONIO, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) DELIVERY & SET-UP FURNITURE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-7-11		5 Payee name MOREHEAD, DOTTS, RYBAK			
6 Amount (\$) \$638.74		7 Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) NEWS clips, BUMPER STICKERS DESIGN	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-8-11		Payee name THE BARN DOOR RESTAURANT			
Amount (\$) \$1,303.82		Payee address; City; State; Zip Code 8400 N. NEW BRAUNFELS SAN ANTONIO, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) FOOD & BEVERAGE - FUNDRAISER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-12-11		Payee name HOME DEPOT			
Amount (\$) \$41.63		Payee address; City; State; Zip Code 1066 CENTRAL PKWY SOUTH SAN ANTONIO, TX 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) CLEANING & OFFICE SUPPLIES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-13-11		Payee name HOME DEPOT			
Amount (\$) \$100.22		Payee address; City; State; Zip Code 1066 CENTRAL PKWY SOUTH SAN ANTONIO, TX 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) SIGN INSTALLATION SUPPLIES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-13-11		5 Payee name MIKE BASELICE & ASSOCIATES			
6 Amount (\$) \$16,655.00		7 Payee address; City; State; Zip Code 4131 SPICEWOOD SPRINGS ROAD, SUITE 0-2 AUSTIN, TX 78759			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) POLLING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) SURVEY RESEARCH	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-14-11		Payee name CPS ENERGY			
Amount (\$) \$19.76		Payee address; City; State; Zip Code P.O. BOX 2478 SAN ANTONIO, TX 78289			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) UTILITIES AT HEADQUARTERS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-14-11		Payee name HOME DEPOT			
Amount (\$) \$26.24		Payee address; City; State; Zip Code 1066 CENTRAL PKWY SOUTH SAN ANTONIO, TX 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) FLUORESCENT TUBES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-14-11		Payee name H-E-B			
Amount (\$) \$67.76		Payee address; City; State; Zip Code 1150 NW LOOP 1604 SAN ANTONIO, TX 78248			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) FOOD & BEVERAGE - HQ GRAND OPENING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-15-11		5 Payee name Philip L. Ricks II			
6 Amount (\$) \$4,000.00		7 Payee address; City; State; Zip Code 1139 BLUFF FOREST SAN ANTONIO, TX 78248			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR		(b) Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES, DEC. 2011	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-15-11		Payee name MOREHEAD, DOTTS, RYBAK			
Amount (\$) \$5,941.76		Payee address; City; State; Zip Code 122 OAKLEAF SAN ANTONIO, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) PUSHCARDS, SIGNS, HQ SIGN	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-23-11		Payee name CONSTANT CONTACT			
Amount (\$) \$37.84		Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM, MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) E-MAIL MARKETING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-12-11		Payee name MAGNOLIA PANCAKE HAUS			
Amount (\$) \$28.39		Payee address; City; State; Zip Code 13444 WEST AVE. SAN ANTONIO, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) LUNCH WITH CAMPAIGN VOL.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-16-11	5 Payee name MAGNOLIA PANCAKE HAUS
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6 Amount (\$) \$ 21.56	7 Payee address; City; State; Zip Code 13444 WEST AVE. SAN ANTONIO, TX 78216
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) LUNCH WITH CAMPAIGN VOLUNTEERS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-25-11	Payee name GEOFFREY TAHUAHUA
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES SEPT. 19 OCT. 2
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-3-11	Payee name GEOFFREY TAHUAHUA
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES OCT 3-16
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-17-11	Payee name GEOFFREY TAHUAHUA
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES OCT. 17-30
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-31-11	5 Payee name GEOFFREY TAHUAHUA
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES OCT. 31 NOV. 4
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-1-11	Payee name GEOFFREY TAHUAHUA
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CONTRACT SERVICES NOV. 14 DEC. 1
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-14-11	Payee name Philip L. Ricks II	COSTCO
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Amount (\$) \$219.11	Payee address; City; State; Zip Code 1139 BLUFF FOREST SAN ANTONIO, TX 78248	1201 N FM 1604 EAST SAN ANTONIO, TX 78232
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) FOOD, DRINK & SUPPLIES FOR HEADQUARTERS GRAND OPENING
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-30-11	Payee name RIVER CITY LOCK & KEY
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Amount (\$) \$8.54	Payee address; City; State; Zip Code 12151 JONES MALTSBERGER SAN ANTONIO, TX 78247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) (2) KEYS FOR OFFICE
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-21-11		5 Payee name PIRYX			
6 Amount (\$) \$4.50		7 Payee address; City; State; Zip Code 144 2d ST, 1st FL SAN FRANCISCO, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES		(b) Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12-22-11		Payee name PIRYX			
Amount (\$) \$4.50		Payee address; City; State; Zip Code 144 2d ST, 1st FL SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-5-11		5 Payee name CITY OF SAN ANTONIO, PARKING			
6 Amount (\$) \$150 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 401 S. FRID ST. SAN ANTONIO, TX 78207			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) PARKING@ELECTION OFFICE	
Date 9-17-11		Payee name THE UPS STORE			
Amount (\$) \$5.40 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5150 BROADWAY ST. SAN ANTONIO, TX 78209-5236			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PRINT PETITION FORMS	
Date 9-30-11		Payee name BEST BUY			
Amount (\$) \$10.69 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 125 NW LOOP 410, STE. 201 SAN ANTONIO, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMERA CASE	
Date 9-30-11		Payee name BEST BUY			
Amount (\$) \$45.53 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 125 NW LOOP 410, STE. 201 SAN ANTONIO, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) PLATINUMPLUS SUNPAK TRIPOD	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-30-11		5 Payee name BEST BUY			
6 Amount (\$) \$37.83 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 125 NW LOOP 410, STE. 201 SAN ANTONIO, TX 78216			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) SANDISK SDSDRH - 16G	
Date 9-30-11		Payee name BEST BUY			
Amount (\$) \$340.58 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 125 NW LOOP 410, STE. 201 SAN ANTONIO, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) SONY CYBERSHOT CAMERA	
Date 10-31-11		Payee name CITY OF SAN ANTONIO - DEVELOPMENT & BUSINESS SERVICES			
Amount (\$) \$212.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 1901 S. ALAMO SAN ANTONIO, TX 78204			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) PERMIT FEE - CAMPAIGN HQ CERTIFICATE OF OCCUPANCY	
Date 11-4-11		Payee name 210 GEEKS.COM			
Amount (\$) \$108.11 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 6846 SAN PEDRO AVE. SAN ANTONIO, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) DELL GX270 COMPUTERS (2) W/ MONITORS & PERIPHERALS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-16-11	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$426.70 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 13484 SAN PEDRO AVE. SAN ANTONIO, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) HP PRINTER, SHREDDER, OFFICE SUPPLIES
Date 11-21-11	Payee name OFFICE DEPOT	
Amount (\$) \$48.04 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13484 SAN PEDRO AVE. SAN ANTONIO, TX 78232	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description (If travel outside of Texas, complete Schedule T) HANGING FILE FOLDERS, TAGS & SURGE PROTECTORS
Date 12-4-11	Payee name OFFICE DEPOT	
Amount (\$) \$83.75 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13484 SAN PEDRO AVE. SAN ANTONIO, TX 78232	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description (If travel outside of Texas, complete Schedule T) EASEL, EASEL PAID + MARKERS
Date 10-25-11	Payee name JULIAN'S PIZZERIA	
Amount (\$) \$11.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13444 WEST AVE. STE. 300 SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN MEALS	Description (If travel outside of Texas, complete Schedule T) DINNER @ YOUNG REPUBLICANS MONTHLY MEETING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-5-11	5 Payee name THE BIKE WAITER	
6 Amount (\$) \$131.12 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 324 E. FRENCH PLACE SAN ANTONIO, TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) LUNCH FOR CAMPAIGN TEAM
Date 10-27-11	Payee name CITY OF SAN ANTONIO PARKING	
Amount (\$) \$9.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 S. FRIO SAN ANTONIO, TX 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description (If travel outside of Texas, complete Schedule T) ETHICS FOLLIES - PARKING
Date 10-4-11	Payee name BEXAR COUNTY REPUBLICAN WOMEN	
Amount (\$) \$45.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code BETTY HILL 8403 TIMBERFAIR, SAN ANTONIO, TX 78250	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) ELECTION SEASON KICK-OFF AND LUNCH
Date 10-13-11	Payee name REPUBLICAN BUSINESS WOMEN OF BEXAR COUNTY	
Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code CINDY PAYNE 177 CORAL COVE SPRING BRANCH, TX 78070	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) LUNCH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-20-11		5 Payee name REPUBLICAN MEN'S CLUB OF BEXAR COUNTY			
6 Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code JAMES TRIMBOLI P.O. BOX 17521 SAN ANTONIO, TX 78217			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) OCTOBER MEETING	
Date 11-8-11		Payee name ALAMO PACHYDERM CLUB			
Amount (\$) \$22.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code BARBARA LOVEALL P.O. BOX 781527 SAN ANTONIO, TX 78227			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) MONTHLY LUNCHEON MEETING	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date 12-9-11		Payee name BEXAR COUNTY DETENTION MINISTRIES			
Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 503 SAN PEDRO AVE. SAN ANTONIO, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) BCDM Holiday Reception	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-13-11	5 Payee name ALAMO PACHYDERM CLUB	
6 Amount (\$) \$22.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code BARBARA LOVEALL P.O. Box 781527, SA, TX 78227	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) MONTHLY LUNCHEON MEETING
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: **1** 2 FILER NAME **SUSAN PAMERLEAU** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Business name

6 Amount (\$) 7 Business address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Payee name

6 Amount (\$)

7 Payee address; City; State; Zip Code

8 PURPOSE
OF
EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

(b) Description (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2

2 FILER NAME

SUSAN TAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/5/2011

5 Name of person from whom amount is received

USAA Federal Savings Bk

8 Amount (\$)

\$00.75/

6 Address of person from whom amount is received; City; State; Zip Code

10750 McDermott Fwy
San Antonio, TX 78288

7 Purpose for which amount is received

Interest

Date

9/2/2011

Name of person from whom amount is received

USAA Federal Savings Bank

Amount (\$)

\$00.39/xx

Address of person from whom amount is received; City; State; Zip Code

10750 McDermott Fwy
San Antonio, TX 78288

Purpose for which amount is received

Interest

Date

10/3/2011

Name of person from whom amount is received

USAA Federal Savings Bank

Amount (\$)

\$1.14/xx

Address of person from whom amount is received; City; State; Zip Code

10750 McDermott Fwy
San Antonio, TX 78288

Purpose for which amount is received

Interest

Date

11/2/2011

Name of person from whom amount is received

USAA Federal Savings Bank

Amount (\$)

\$1.21/xx

Address of person from whom amount is received; City; State; Zip Code

10750 McDermott Fwy
San Antonio, TX 78288

Purpose for which amount is received

Interest

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 2
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/2/2011	5 Name of person from whom amount is received USAA Federal Savings Bank 6 Address of person from whom amount is received; City, State, Zip Code 10750 McDermott Fwy San Antonio, TX 78288 7 Purpose for which amount is received Interest	8 Amount (\$) \$1.23 ^{xx}
Date 12/30/2011	Name of person from whom amount is received USAA Federal Savings Bank Address of person from whom amount is received; City, State, Zip Code 10750 McDermott Fwy San Antonio, TX 78288 Purpose for which amount is received Interest	Amount (\$) \$1.54
Date	Name of person from whom amount is received Address of person from whom amount is received; City, State, Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City, State, Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City, State, Zip Code Purpose for which amount is received	Amount (\$)

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>SUSAN PAMERLEAU</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input checked="" type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>NA</u>		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		